

Phone: 852-2218  
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**Norwalk Hospital**

# Fax

**To:** Commissioner Cristine Vogel  
Office of Health Care Access

**From:** David W. Osborne

**Fax:** 860-418-7053

**Date:** June 24, 2004

**Phone:**

**Pages:** 12

**Re:**

**CC:**

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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS



David W. Osborne  
President

# Norwalk Hospital

Norwalk,  
Connecticut 06856

June 24, 2004

## Via Facsimile and Certified Mail

Commissioner Cristine Vogel  
Office of Health Care Access  
410 Capitol Avenue, MS 13HCA  
Post Office Box 340308  
Hartford, Connecticut 06134

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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

RE: Letter of Intent: Clinical Chemistry Laboratory Equipment And Automation

Dear Commissioner Vogel:

Pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes, Norwalk Hospital is submitting this Letter of Intent for the Clinical Chemistry Laboratory Equipment Replacement And Automation.

Please forward correspondence related to this project to:

Susan Santoro  
Director, Program and Business Development  
Norwalk Hospital  
34 Maple Street  
Norwalk, CT 06856  
[susan.santoro@norwalkhealth.org](mailto:susan.santoro@norwalkhealth.org)  
203-852-2025

Please feel free to contact me at 203-852-2218 should you have any questions regarding this proposal.

Sincerely,

David W. Osborne  
President and Chief Executive Officer

cc: Paul E. Nurick  
Susan Santoro  
Frank Murphy, Esq.



**State of Connecticut  
Office of Health Care Access  
Letter of Intent/Waiver Form  
Form 2030**

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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

### SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	The Norwalk Hospital Association	
Doing Business As	Norwalk Hospital	
Name of Parent Corporation	Norwalk Health Services Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	34 Maple Street Norwalk, Connecticut 06856	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Susan Santoro Director, Program and Business Development	
Contact person's street mailing address	34 Maple Street Norwalk, Connecticut 06586	
Contact person's phone #, fax # and e-mail address	203.852.2025 (telephone) 203.899.5063 (fax) susan.santoro @norwalkhealth.org	

**NORWALK HOSPITAL  
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**SECTION II. GENERAL APPLICATION INFORMATION**

a. Proposal/Project Title:

Clinical Chemistry Laboratory Equipment Replacement And Laboratory Automation

b. Type of Proposal, please check all that apply:

- ☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> New (F, S, Fnc)       | <input type="checkbox"/> Replacement   | <input type="checkbox"/> Additional (F, S, Fnc)         |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation    | <input type="checkbox"/> Service Termination            |
| <input type="checkbox"/> Bed Addition          | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in<br>Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost cost greater than \$ 1,000,000

☒ Equipment Acquisition greater than \$ 400,000

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> New     | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator     |  |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

34 Maple Street, Norwalk, Connecticut 06856

d. List all the municipalities this project is intended to serve:

City of Norwalk, Westport, New Canaan, Wilton, Weston and surrounding communities

e. Estimated starting date for the project: November 2004

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- f. Type of project: 10, 25 (Fill in the appropriate number(s) from page 7 of this form)

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: \$1,200,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 85,000
Medical Equipment (Purchase)	\$ 900,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	\$ 215,000
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$ 1,200,000</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$ 1,200,000</b>

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**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2-page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

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**If requesting a Waiver of a Certificate of Need, please complete Section V.**

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following:  
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
  - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: \_\_\_\_\_.
  - ☐ The cost of the equipment is not to exceed \$2,000,000.
  - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

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**AFFIDAVIT (NOT APPLICABLE)**

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_,  
(Name) (Position – CEO or CFO)

of \_\_\_\_\_ being duly sworn, depose and state that the  
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to  
the best of my knowledge, and that \_\_\_\_\_ complies with the appropriate and  
(Facility Name)  
applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486  
and/or 4-181 of the Connecticut General Statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_



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**Project Type Listing**

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

**Inpatient**

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

**Outpatient**

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

**Non-Clinical**

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

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**CLINICAL CHEMISTRY LABORATORY EQUIPMENT REPLACEMENT AND LABORATORY AUTOMATION**

**Project Description**

Norwalk Hospital seeks the replacement of the Clinical Chemistry Laboratory equipment with a state-of-the art Roche Automated Modular Laboratory System. The current Clinical Chemistry is over ten years old rendering the equipment obsolete and inadequate to meet the demands of efficient result turnaround times for patient care and quality testing. The therapeutic drug monitoring and toxicology equipment will also be replaced in this automation. We propose to incorporate special chemistry testing for hormones and tumor markers as part of the routine analysis of the laboratory.

The thrust in the Clinical laboratory has been to automate all processes including specimen preparation to improve efficiencies and decrease dependence on manual systems. With the addition of the newer analyzers, performing routine chemistry tests, therapeutic drug assays, special chemistry tests pre analytical automation will allow systems to be added which will simplify and automate the processing of the specimens and the delivery of samples directly to the analyzers without human intervention. The pre analytical automation decreases time taken to label, centrifuge, separate and deliver the specimens to the technologist at each analyzer.

The test results generated by these analyzers will then be subjected to a computer software program that has built in algorithms that allow for certain results to be available in the patient's electronic medical record, bypassing the step of verification of these results by a technologist. This additional enhancement to testing allows for faster turnaround time of results and allows the technologist to concentrate on results that require attention and intervention, as needed. This process known in the laboratory as "autoverification" also enhances patient safety by getting appropriate results to the care providers in record time.

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Norwalk Hospital is requesting the approval of the replacement of equipment with newer analyzers with better through put and adding a degree of sophistication that currently does not exist, while improving efficiencies, and patient safety.

The implementation of this generation of Clinical Chemistry Laboratory equipment could not only improve the patient care but also provide safety and operational efficiency benefits as follows:

- **Error Reduction:** Reduces human error associated with manual sample processing
- **Patient Care:** Improved processing times combined with advanced technology accelerates results reporting to physician
- **Optimizes Workflow And Efficiency:** Automation of repetitive and time-consuming specimen preparation
- **Safety:** Reduces safety risks of handling biological specimens

Norwalk Hospital serves the primary service area towns of City of Norwalk, Westport, New Canaan, Weston, and Wilton and surrounding communities. The service offerings would include payer sources such as Medicare, Blue Cross, Commercial, and managed care (HMO, PPO).

In summary, the replacement of current Clinical Chemistry equipment with the state-of-the-art Roche automated system provides the infrastructure to not only improve the patient care through use of advanced technology in laboratory services for but also allows for improved operational efficiencies and workplace safety.

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